REORIENTING TEACHER EDUCATION TOWARDS SOCIAL INCLUSION FOR SUSTAINABLE DEVELOPMENT

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Abstract: In recent decades, the issue of exclusion has gained prominence in the discourses of social policy, education and social structures and relationships. Essentially, exclusion is a concept that captures a way of positioning oneself with regard to the surrounding social and natural environment, an approach to viewing the world and acting within it. These ways of being in the world, which are grounded in our life experiences and can be either exclusion - or inclusion-oriented, notably either essentially sustainable or unsustainable, are an important issue of concern. Alienation and disconnection in mutual relationships between individuals and the surrounding social and natural environment can have destructive consequences, which is why we need to recognise that individuals are mutually interrelated in a plurality of relationships with human and non-human others. Thus, to survive and retain the Earth as a favourable habitat for future generations, we must basically alter our relationship with the world to make it more inclusive and sustainable. It requires a shift in the way we perceive the world and ourselves within it, which entails significant implications for education at all levels and teacher education in particular. In 2001, the South African department of Education adopted the White Paper 6, which led to the implementation of inclusive education. This breakthrough was meant to be stepping stone to ensuring the accommodation of various learners experiencing barriers to learning in ordinary schools. This article deals with the needs of learners experiencing barriers to learning and their immediate support from ordinary teachers, who form the backbone of support within the inclusive classroom. However, the teachers themselves are in dire need of support. Teachers, on the other hand, experience various demands due to the crowded curriculum. In most schools there are no dedicated staff employed to provide support and counselling to learners and teachers. It was therefore important to ask a question whether the teachers were able to deal with learners experiencing barriers to learning. The objective of this paper was to clarify the range of special needs to be included in ordinary classes, and to focus on the challenges and demands this situation places on teachers. The findings of this study also point to some severe deficits by teachers to handle issues of sexuality and HIV and AIDS, either due to lack of knowledge, pressure at work, or negative attitude about discussing them with learners. This calls for either proper pre-service training or in-service training of teachers towards HIV and AIDS support.

Keywords: HIV and AIDS; inclusive education; special needs; support

INTRODUCTION

Inclusive education is a socially driven model where great emphasis is placed on equality in human rights. It recognises the fervent aspiration for acceptance, which is felt by learners experiencing barriers to learning. Inclusive education should also recognise each learner's unique intelligence and ability. Furthermore, inclusive education promotes placement of learners in local schools (Hay, 2003).

The introduction of full-service schools was a result of a need for mainstream schools to be specially equipped to address a full range of barriers to learning in an inclusive education setting (DoE, 2005b). In addition to their ordinary learner population, full-service schools have to be accessible to most learners in an area who experience barriers to learning and provide the necessary support. In the initial implementation stages, these full-service schools would be models of institutional change, which reflect effective inclusive cultures, policies and practices (DoE, 2001).

"Teachers in full-service schools should be responsible for developing supportive strategies to assist learners experiencing moderate barriers to learning, to promote transformation regarding the implementation of inclusive education" (DoE, 2002b). Voltz, Brazil and Ford (2001) mention that, inclusion does not refer to a physical space; but refers to a condition or state of being. Hence, inclusive education has more to do with how teachers respond to individual differences than it has to do with the physical placement of learners. Transforming ordinary schools into full-service schools is thus not a technical exercise to provide improved facilities but a fundamental change of principles and practices of the school (DoE, 2002b).

Swart, Engelbrecht, Eloff and Pettipher (2002) maintain that to recognise and respond to the diverse needs of all learners, an education system which provides separate education (i.e., isolating special education from ordinary education) must be transformed into a single integrated system. In other words rather than seeing individual learners as being inadequate to fit into the system, the emphasis is on the system itself and the factors within the system that cause barriers to learning. The approach of "changing the person" should change to a "system-change approach" (Swart et al., 2002). To implement this in practice requires teachers to become the key actors in determining the quality of inclusive education.

Problem Statement

Although research suggests clearly that every learner is unique, learners are often still taught in mainstream schools as if they have identical educational needs and expectations (HESA, 2008). Effective teachers need to evaluate learners in such a way that their unique abilities, limitations and barriers to learning are addressed adequately to avert treating all in the same way. Certain values are expected from teachers. They must be able to accommodate and understand. They must have empathy and sympathy. Teachers bring their own experiences, values and beliefs into the classroom and many teachers experience a large measure of ambiguity regarding HIV and AIDS [8]. It is clear that they realise that they must cognitively support and nurture the learner living with HIV, but emotionally they remain somewhat detached. This is probably linked to the lack of proper training on the part of teachers.

Aim of Research

The purpose of this study was to investigate the teachers' experiences in implementing inclusive education in a pilot school in East London in South Africa.

Specific Objective

- To explore the obstacles that teachers encounter in implementing inclusive education in their classrooms.

Literature Review and Theoretical Framework

As reported by Kvalsvig, Chhagan and Taylor (2007) in an overview of the special needs of children living with HIV, children living with HIV risk neurological insult (Potterton, 2005). Infected children may have hearing impairments, language and motor skill deficits, verbal and memory deficits, impaired visual-spatial integrative ability, poor executive function and hyperactivity. Some of this is reversible when learners are on treatment, but there is substantial evidence of residual problems in school-age children, including attention deficit disorder and hyperactivity. The clinical conditions in children most likely to be noted in the school situation include recurrent infections and failure to thrive (Anand, 2006). Anand (2006) notes that the course of central nervous system infection is characterised by delays in development, loss of acquired motor, speech, adaptive and social skills and decreased interactions with the environment. Coplan, Contello, et al. (1998) found evidence of language deterioration, which usually improved after the initiation of antiretroviral therapy. Early diagnosis and treatment, or good medical care seemed to have a protective influence in some cases, but the fact remains that in endemic areas, there will still be an increased need for special education services.

The fact that some learners living with HIV progress slowly in school and are older than other children in the class may be partly due to the fact that, they are frequently ill, or have to attend clinics for treatment purposes, and may have difficulty in keeping up with schoolwork.

Adult Learning Theory

Knowles (1984) is a strong proponent of the position that adults do not learn like children. In several works, he presents the following assumptions that guide his view of adult learning:

Adults have a need to know why they should learn something. Adults spend a considerable amount of time and energy exploring what the benefits are of them learning something and the costs of them not learning something

before they are willing to invest time in learning it. It is seldom convincing for them to be told by someone (even the boss) that it would be good for them.

Adults have a deep need to be self-directing. Adults develop a deep need to be seen by others as being capable of taking responsibility for themselves. Too often as trainers, we design training situations that place adults back in their childhood where they are told what where and when and how to learn. Self-directedness is not the same as self-paced. Self-paced means that the learner is only in charge of when to experience what the trainer has produced. Self-directed learning puts the learner in charge of much more.

Adults have a greater volume and different quality of experience than youth. Adults bring into the learning situation a background of experience that is a rich resource. Adults have a broader base of experience on which to attach new ideas and skills and give them richer meaning. The more explicit these relationships (between the old and the new) are made - through discussion and reflection - the deeper and more permanent the learning will be. Experience is to adults, the chief source of self-identity. If adults' experience is not made use of in a training experience, adults may see it as a rejection of themselves.

Adults become ready to learn when they experience in their life situations a need to know or be able to do in order to perform more effectively and satisfyingly. Some of the greatest mistakes of training have occurred because of forcing people into training activities before they perceived a need for them. Adults again must see a need for training before learning will take place.

Adults enter into a learning experience with a task-centred orientation to learning. Learners (conditioned by schools) have a subject-centred orientation to learning where they focus on learning content to pass a test. Adults by virtue of life and work experiences develop a task-centred or problem-centred orientation to learning. If training is developed around problem solving, then adults will learn content with the intention of using it.

Adults are motivated to learn by both extrinsic and intrinsic motivators. Adult learners respond to extrinsic motivators - promotion, bonuses, etc. - up to the point that they are reasonably well satisfied. However, the more potent and persistent motivators are such intrinsic motivators as the need for self-esteem, broadened responsibilities, power, and achievement. Adults may not be motivated to learn what they are told to learn unless they perceive a need to learn. Quality training is built around the concept of nourishing those intrinsic motivators. Learning feeds on itself and suggests to the learner to become even more proficient in the job.

MATERIALS AND METHODS

A qualitative approach based on the interpretivist paradigm was used for the measurement of data, in order to explore the obstacles that teachers encounter in implementing inclusive education in their classrooms. The data collection instrument was an unstructured interview schedule; normally considered to be one of a range of data collection in qualitative research (Cohen, Manion & Morr, 2000). In-depth interviews are those interviews that encourage the capturing of participants' perceptions in their own words. In this study, a determined set of criteria were used for the interview in order to get detailed and rich information from the participants. The interview schedule was guided by the following questions, and where necessary probing questions were asked:

(a) Please tell me about yourself as a professional. (b) When and how did you feel when inclusive education was introduced to you for the first time? (c) How did you feel on the first day in class when you had to deal with learners that experience barriers to learning? (d) What kind of learning barriers did your learners have that caused you to distress? (e) After a week how did you feel? (f) How do you feel now since you have been implementing inclusive education for two years? (g) How do you feel when you are completely confused, and what do you normally do? (h) When learners drop out from school how do you feel as a teacher? (i) As a full-service school what kind of assistance do you offer to other schools that approach you? (j) How do you feel when you have to deal with huge classes? (k) How do you feel when learners fail after the efforts you have made and why? (l) How do you feel when you have to go through this journey of inclusive education alone without parental support? (m) What can the Department of Education learn from your experiences?

Participants, who were selected purposely, explained how the implementation of inclusive education was done and the challenges they encountered during the process. Validity of the instrument was achieved by peers of researchers ensuring that the content was geared towards the objective of the research. Since the study employed a qualitative approach, data were analysed according to ten themes that emerged from the interview. Some responses were reported word for word in order to capture expression, phrases and sentences as presented by the participants (Creswell, 2003). Participation in the study was on a voluntary basis thus, no one was forced to participate in the study. Secondly, participants were assured of anonymity and confidentiality (Creswell, 2003). Therefore, every effort was made to ensure that the identity of anyone who participated in the study was kept confidential.

FINDINGS AND DISCUSSION

The teachers understood inclusive education from the policy perspective however; in their explanations the following experiences which were later translated into themes were uncovered:

Discomfort. The majority of the participants (75%) reported that they experienced a feeling of discomfort when they implemented inclusive education in class. By the feeling of discomfort, the teachers meant that they felt some tension and uneasiness to perform their duties as implementing agents of inclusive education.

The feeling of discomfort was reportedly caused by the anxiety of having to implement inclusive education for the first time. The grouping of slow learners together, during group work activities. To some participants, this discomfort persisted throughout the years. However, with some teachers, the discomfort was only experienced in the first weeks of implementing inclusive education. For one teacher, the unpleasant sight of a child who struggles in class while others are enjoying the lesson caused discomfort.

One teacher did not see inclusive education as education, which essentially was meant to respond to individual differences. The teacher regarded it from an unchanged educational paradigm whereby mainstream education provided for ordinary and normal learners while those with barriers needed something different but were in the classroom by default. Inclusive education was understood as result of changed thinking and the human rights movement but the majority of the participants considered that differences should be acknowledged through the provision of specialised schooling. Some teachers simply included the learner in a mainstream class, believing no further progress would be made and that placement was the remedy for all barriers. This was in conflict with the White Paper 6, which holds that all learners can learn and that it may be achieved through inclusive education.

Confusion. All the teachers reported that they experienced a feeling of confusion when they implement inclusive education in class. These teachers reportedly received training for the implementation of inclusive education except for one teacher. By the feeling of confusion, the teachers meant that they were in a state characterised by a lack of clear and orderly thought and behaviour when they are supposed to deal with learners experiencing barriers to learning.

The feeling of confusion was reportedly caused by:
- The curriculum changes that have been taking place in the education system.
- The lack of training.
- The low morale elicited by the Department of Education.
- The negative attitude towards inclusive education that led to one teacher denying everything that was asked by the interviewer.

In this application, teachers, special education experts, managers, and inspectors must be informed about the importance and need for inclusive education. Moreover, the teachers must be put in a state, ready to accommodate learners that experience barriers to learning.

Incompetence. On reflection, all the teachers claimed that when they entered the profession, they had not chosen to teach children with barriers. They considered that they were not adequately trained to teach such children. They experienced a feeling of incompetence when they implemented inclusive education in class. Three teachers reportedly received some training for the implementation of inclusive education. By the feeling of incompetence, the teachers meant that they lacked physical or intellectual ability to implement inclusive education as teachers.

The feeling of incompetence was reportedly caused by:
- The lack of training in inclusive education.
- Even though three of the teachers were trained, the training was not enough.

One teacher still thought in terms of the medical model and spoke of classifying and placement of learners, whereas 75% of the teachers did not think that way.

A human resource considered critical in facilitating inclusive education within schools is the School Based Support Team (SBST). Teachers neither criticised their personnel, which comprised the SBST nor acknowledged that it was supportive. In all cases, they said either it did not work or spoke within a context that it was impotent and essentially comprised of teachers who like themselves did not have training in special needs education.

Improvement. All the teachers in this study reported that they experienced some form of improvement after a week of implementing inclusive education in class. After some time the three teachers realised that, the conditions were not conducive as promised and things started to deteriorate. By the feeling of improvement, the teachers meant they

felt some change for the better in their inclusive strategies just a few days after attending the workshop on inclusive education.

The feeling of improvement was reportedly caused by:

- An attendance of the workshop, which brought about some light and enthusiasm to them.

One can suggest that the positive outcomes of inclusive education are not only academic, but improve self-confidence for both the teachers and the learners that experience barriers to learning. The teachers also felt that through inclusive education, learners could progress in all spheres of development, increase appropriate behaviours, and decrease inappropriate behaviours.

Stress. The majority of the teachers (75%) reported that they experienced stress in their implementation of inclusive education. By the feeling of stress, the teachers meant the difficulties that caused them to worry or have emotional tension when they had to implement inclusive education. This stress was reportedly experienced throughout the different intervals of implementing inclusive education.

The feeling of stress was reportedly caused by:

- The administrative requirements of the new curriculum.
- Lack of appropriate training for teachers.
- Lack of support from the DBST and the SBST.

Teachers considered that knowledge would provide teachers with the confidence and capacity to manage inclusive teaching. Without appropriate training teachers were apparently negatively predisposed to inclusivity in education. The availability and provision of sufficient support resources would lessen the burden of additional teacher responsibilities and the amount of time required of the teachers to address the needs of diverse learners as expressed by the teachers.

Alienation. Seventy five per cent of the teachers reported to experience a feeling of alienation in their process of implementing inclusive education. By the feeling of alienation, the teachers meant that they felt deserted and rejected by the Department of Education. Teachers saw themselves as alienated in terms of the support they needed from the department.

The feeling of alienation was reportedly caused by:

- The taking of decisions by the DoE without consulting the teachers.
- The theoretical assumptions that the DoE holds without witnessing what is taking place in the classroom.
- The violation of the children's rights by not training the teachers.

Retaining a learner for more than one academic year was considered to be delaying the earlier assessment and identification of learners with barriers that would benefit a learner far more than retention in mainstream where through lack of appropriate teaching methods; they fall further behind than they were a year before. Though the teachers considered the idea to be good in theory, they felt that there had not been enough planning and consideration of all the problems. Teachers considered that there were weaknesses in the district offices and at national level that created weaknesses in their service delivery.

Most of the teachers felt that authorities were unaware of the problems the teachers faced, because the Department of Education had distanced itself from the school. Moreover, as a democratic country the children's rights were not protected since no efforts had been made to train teachers to deal with diversity in education. Such diversity was more than barriers within the learner, but included different socio economic backgrounds. According to what the teachers reported, the DoE takes most of the decisions without including the teachers, which play a very crucial role in implementing inclusive education. This alienation will have a ripple effect that may backfire on the department's long-term plan to further roll out inclusive education to other schools.

Discontentment. All the teachers in this study expressed a feeling of discontentment when they implement inclusive education in the classrooms. This feeling was common among those who were trained and the other one who was not trained. By the feeling of discontentment the teachers meant that they had persistent desire for something better than the situation they found themselves in. This unhappiness was prevalent at different periods of the implementation process of inclusive education.

The feeling of discontentment was reportedly caused by:

- The lack of resources (human, physical and financial)
- Overcrowded classes.
- The lack of parental support.

Children lacking basic concepts were in schools, which could not support concept development without adequate resources. Schools are supposed to go on field trips sponsored by the education department. This is presently

unaffordable for many schools, which have to pay for the transport. Diligent and experienced teachers consider classroom resources critical. Such learners, who come from deprived environments and have little foundation knowledge on which to build concepts, need adequate resources.

For teachers, the lack of parental support was considered a recurring problem. Teachers were most vocal in their criticism of parents. Lack of responsibility and inadequate parenting skills negatively affected the progress of the learner. Factors pertaining to parenting problems normally include family breakdown, single parents and working mothers; delegation of responsibility to aftercare facilities; lack of education and resources of parents; differing values caused by the generation gap. A general lack of educational accountability and responsibility; poor parenting skills and the need for parenting courses; and the lack of parent involvement was a stressor for teachers.

Compulsion. Two teachers (50%) reported that they experienced a feeling of compulsion when inclusive education was introduced to them for the first time. By the feeling of compulsion, the teachers meant there was an irrational motive by the Department of Education to perform repetitive actions against their will.
The feeling of compulsion was reportedly caused by:
- The fact that, specialist teachers are not the only ones to implement inclusive education but all the teachers in a full-service school.

The DoE has to convince teachers that inclusive education is here to stay. The fact that it is being piloted does not mean there is a possibility of it being scraped off. In other words, the compulsion that the teachers felt in implementing inclusive education should not be there; instead, inclusive education should be spontaneous and all the necessary resources be provided.

Empathy. Two teachers (50%) reported that they experienced a feeling of empathy towards learners who were experiencing barriers to learning and those who were not. By the feeling of empathy, the teachers meant they had a deeper understanding of the learners' situation as if they were part of them.
The feeling of empathy was reportedly caused by:
- The caring mind-set of being a parent.

Although all the teachers felt overwhelmed, the study found that since most teachers at primary schools are females, sometimes their motherly instinct kicked in and developed into empathy. For instance one teacher stated, *"...I had to use my own experience as a parent as to what to do with such learners."*

Negativity. All the teachers reported that they felt negative towards the implementation of inclusive education in general. By the feeling of negativity, the teachers meant a habitual scepticism and a tendency that caused them to resist the change that was brought about by the introduction of inclusive education in their school.
The feeling of negativity was reportedly caused by:
- The impression that, the teachers who went to the workshops were the only ones to teach inclusive classrooms.
- A long list of unfulfilled promises made by the district officials to the school.
- The teachers' denial that there were learners with barriers to learning in their classrooms.
- The inability to cope with the demands of inclusive education.

Teachers considered the following factor to present significant challenges in the implementation of inclusive education. The currently used curriculum (Outcomes Based Education) requires an enormous amount of administration at the cost of good teaching. The structure of the curriculum does not allow for enough time for important academic subjects and creates much repetition or over-emphasis on other areas. It is also a curriculum, which has failed in other countries but it is used in a country where there are less supporting structures and more challenges. All the teachers held the opinion that, there might be a future for inclusive education, but it depended upon proper training and education.

Practical Recommendations

New programmes and curricula must be developed to meet children's needs proactively. In most cases, crisis management is the order of the day for children in distress. Teacher education should devise coursework tailored to the demands of the situation, and recruit suitable students.

Specific assessment of learners that experience barriers to learning by a trained teacher is necessary and should be done periodically at classroom level. This will assist to determine the changes in performance and identify the necessary classroom support required by each learner.

The Ministry of Education should recruit trained special needs education officers to supervise and advise the schools.

Administrative staff should be trained to keep accurate records on absenteeism, school performance, and anthropometry and these should be used to identify children's problems, so that a strategy to assist the child can be worked out between the school and the child's family.

Most often, developing countries are supplied with curricula and materials from developed countries that do not quite fit the needs and expectations of learners and trainees in developing countries. Although curriculum planners should consult widely, they should also use culturally appropriate local examples and illustrations wherever possible.

Teachers will have an easier task if they work within a supportive community. This can be achieved if teachers are willing to make their expertise available to the wider community.

It should be possible for curriculum planners and teachers to produce home learning programmes for children who are unable to attend school.

It is important to provide accurate and scientific information to learners and teachers alike, teach age-appropriate content and develop life skills and basic first aid principles.

Training in HIV and AIDS should be compulsory for all teachers. Training initiatives should address the attitudes of pre-service and in-service teachers, because findings from the study indicate that teachers need to change their attitudes and demonstrate collective care for these learners. Training initiatives should also include strategies on how to support the learning of learners living with HIV.

CONCLUSIONS

The study demonstrates that teachers have a need to know why they should learn something. When the teachers are educated on the benefits of inclusive, it would be easy for them to accommodate various learners who experience barriers to learning in their classrooms.

Teachers have a deep need to be self-directing. When the teacher's attitude towards learners living with HIV is changed, the teachers spontaneously become promoters of inclusive education and become actively involved in their communities.

Teachers have a greater volume and different quality of experience that should be used to design relevant teaching material for learners experiencing barriers to learning.

Teachers become ready to learn when they experience in their life situations a need to know. Teacher education on inclusive education should target pre-service teachers who are keen to apply this new method of teaching in their classrooms, more than in-service programmes.

Teachers enter into a learning experience with a task-centred (or problem-centred or life-centred) orientation to learning. Teachers' experiences are important in the process of implementing inclusive education since they are used to dealing with learning problems.

Teachers are motivated to learn by both extrinsic and intrinsic motivators. Quality teacher training should be designed to sustain intrinsic motivation among aspirant teachers.

Knowles (1984) has been very active in propounding this set of principles for teaching adults and even refers to them by a distinctive name, andragogy, by which he intends to separate the principles from those used in pedagogy, the teaching of children. Knowles (1984) argues that the andragogical principles are quite different from what happens in most of our school systems where the model is that the teacher knows best what is to be taught and learned and where students are expected to learn the same things in the same ways. Clearly, children in elementary schools do not have the experience to draw from to set their own learning agendas.

Knowles' andragogical message is that effective teaching begins with where the learners (in this case, the teachers) are. Learners will learn faster if what they are studying has an immediate effect on their current situation in life. That is not to say that the instructor cannot alter the learners' intellectual whereabouts by adding new information to them, only that the adding will be more effective if it builds on the foundation of interests and understanding already in place.

In a study of the way in which the South African early education system needed to assist learners living with HIV, key informants pointed out that, although training services existed, there was little liaison between government departments and universities with respect to training needs to meet the crisis (Kvalsvig et al., 2007). Attention to detail in education planning would boost the capabilities of the system. Even if sufficient resources cannot be found to provide additional or relief staff, information sharing and supportive partnerships of the kind described can and should be developed at comparatively little cost.

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